

Application Data Sheet**Application Information**

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	Paper
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	A VACCINE COMPOSITION COMPRISING AN IMMUNOADJUVANT COMPOUND CONSISTING OF A RHO GTPASE FAMILY ACTIVATOR
Attorney Docket Number::	0510-1145
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	5
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: EMMANUEL
Middle Name::
Family Name:: LEMICHEZ
Name Suffix::
City of Residence:: NICE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 2 RUE ASSALIT
Address::
City of Mailing Address:: NICE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 06000

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: CECIL
Middle Name::
Family Name:: CZERKINSKY
Name Suffix::
City of Residence:: NICE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing PARC VIGIER 2, 23 BOULEVARD F. PILATE
Address::
City of Mailing Address:: NICE

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 06300

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: FABIENNE
Middle Name::
Family Name:: ANJUERE
Name Suffix::
City of Residence:: NICE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 31 BIS RUE MICHEL-ANGE
City of Mailing Address:: NICE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 06100

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: PATRICE
Middle Name::
Family Name:: BOQUET
Name Suffix::
City of Residence:: VILLEFRANCHE-SUR-MER
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 2 AVENUE GALLIENI

Address::

City of Mailing Address:: VILLEFRANCHE-SUR-MER

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 06230

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: PATRICK

Middle Name::

Family Name:: MUNRO

Name Suffix::

City of Residence:: NICE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing LE BRISSAC, 73 BOULEVARD HENRI SAPPPIA

Address::

City of Mailing Address:: NICE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 06100

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: GILLES

Middle Name::

Family Name:: FLATAU

Name Suffix::

City of Residence:: NICE

State or Province of

Residence::

Country of Residence:: FRANCE
Street of Mailing PARC FLORENTIN BLOC B, 26 AVENUE
Address:: SAINTE MARGUERITE

City of Mailing Address:: NICE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 06200

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2005/002105	2/25/05

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
EUROPE	04300100.7	2/26/04	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::